DOCUMENT RESUME

ED 049 588 EC 032 169

AUTHOR	Mann, James W.; May, Jane V.
TITLE	The Status of Speech Pathology and Audiology Programs in Elementary and Secondary Schools.
INSTITUTION	Mississippi Univ., University. School of Education.
PUB DATE	Oct 70
NOTE	60p.
EDRS PRICE	EDRS Price MF-$0.65 HC-$3.29
DESCRIPTORS	Audiolingual Methods, *Aurally Handicapped, Elementary Education, Exceptional Child Research, Hearing Therapy, *Professional Personnel, Public Schools, *Questionnaires, Secondary Education, *Speech Handicapped, Speech Therapists, Speech Therapy
IDENTIFIERS	Mississippi

ABSTRACT

Addressed primarily to the prospective as well as the working, speech and hearing clinician, the study investigated the current practices and status of public school speech and hearing programs in Mississippi. A questionnaire was forwarded to 49 speech and hearing clinicians to determine professional title and relationships, screening and diagnosis, classification and distribution of disorders, remedial procedures, supervision, and speech improvement. The results were felt to point up such needs as standardization of professional titles at the state level, more consistent and precise methods of examination of speech disorders; some standard program management practices; more joint responsibility shared with the superintendents, parents, principals, teachers, and therapist; more teacher guidance from the speech clinician. A copy of the questionnaire completed by the speech and hearing personnel is included in the appendix. (CD)

ED049588

"AND MILES TO GO"

by

James W. Mann,
Professor and Chairman

Jane V. May,
Assistant Professor, Communicative Disorders

Department of
Special Education

School of Education/University of Mississippi

EC 032 169

1

ED049588

THE STATUS OF SPEECH PATHOLOGY AND AUDIOLOGY PROGRAMS IN ELEMENTARY AND SECONDARY SCHOOLS

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

by

James W. Mann, Chairman
Department of Special Education
School of Education
University of Mississippi

and

Jane May, Assistant Professor
Division of Communicative Disorders
University of Mississippi

October, 1970

2

TABLE OF CONTENTS

		Page
Chapter I.	Introduction: The Problem and the Procedure	1
Chapter II.	Public School Clinicians: Professional Definition and Relationships	3
Chapter III.	Clinical Practice: Screening and Diagnosis	17
Chapter IV.	Clinical Practice: Classification and Distribution of Disorders	27
Chapter V.	Clinical Practice: Remedial Procedures	33
Chapter VI.	Supervision of Speech and Hearing Programs	41
Chapter VII.	Speech Improvement	47
Chapter VIII.	Summary	51

Appendices:

A. Letter to Public School Speech and Hearing Personnel
B. Questionnaire completed by Public School Speech and Hearing Personnel

CHAPTER I

Introduction: The Problem and the Procedure

There has been a substantial increase in the number of speech and hearing programs in recent years in the State of Mississippi. In 1952 the Mississippi State Department of Education established certification requirements for public school speech clinicians and there were then seven employed in such positions. In March, 1969, there were 49 speech clinicians employed in the public schools in Mississippi. With such a small number, remedial services for the vast majority of speech and hearing impaired children in Mississippi are obviously not being provided.

A report from the Mississippi State Department of Education, in the Title VI Plan Summary of 1968-69, indicated that approximately 6 percent of the total school population were in need of therapy for speech problems.[1] Only 4,700 or 11.5 percent of the students estimated to require therapy for speech problems were receiving therapy during the 1968-69 school year. Title VI projected speech and hearing personnel needs for Mississippi were 450 additional Speech Clinicians, 200 teachers for the hard-of-hearing and 100 teachers of the deaf.

While this study is addressed primarily to the prospective as well as the working, speech and hearing clinician, it is also written for others, too; the school administrator, school psychologists and all professions related to the problem. The objectives and efforts of the speech and hearing clinician are also the objectives and efforts of the principal, the regular classroom teacher, the school psychologist, and all who are dedicated to assist the child to overcome his handicap. The disability relating to the use of spoken language to communicate with those around him must concern us all.

Purpose of Study

The purpose of the study was to investigate and describe the current practices and status of public school speech and hearing programs in Mississippi. The areas selected for investigation were relative to the purposes of the study and include: the present level of training and education; statistical data such as age; years of experience; professional

---

[1] *Title VI Plan Summary—1968-69.* State Department of Education, Jackson Mississippi, 1969.

memberships; screening and diagnostic procedures utilized, types of disorders, numbers of children, and grade levels; the treatment and remedial procedures used; supervision and reporting practices and finally, speech improvement programs.

Subjects and Procedures

A mailing list of public school speech and hearing clinicians who were certified to practice in Mississippi was obtained from the Mississippi State Office of Education. In March, 1969, questionnaires were sent to each of the 49 clinicians listed. Follow-up letters were sent and phone calls were made to those clinicians who did not return the questionnaire within a month.

Eighty-two percent, or 40 of the questionnaires sent to the speech and hearing clinicians in the state were returned. Nine questionnaires were not returned for various reasons.

Table I reveals that of the forty-nine questionnaires sent to speech and hearing clinicians in the state, eighty-two percent or forty completed questionnaires were returned. Two of the clinicians had moved from the state, a group of four individuals in one school system were not permitted by their supervisor to return the questionnaire, and three clinicians did not respond.

TABLE I

Responses to Questionnaires

Responses	Frequency
Returned	40
Moved from state	2
Refused to return	4
No response	3
Total	49

CHAPTER II

Public School Clinicians: Professional Definition and Relationships

This chapter will discuss the information received descriptive of titles, training, experience, supervision, and membership in professional organizations of clincians working with speech and hearing disorders in the public schools of Mississippi. This data constitute a definition of the professional public school clinician and a delineation of his professional relationships.

Professional Titles

As shown in Table 2, replies to the questionnaires indicate that the title of "Speech Therapist" has fairly well permeated the school system. Sixteen of the respondents employ this title, seven use the term "Speech Correctionist," and four employ the title "Speech Pathologist." Also, of interest is the fact that six respondents reported "Hearing" as well as "Speech" in their professional titles.

TABLE 2

Professional Titles Reported by Questionnaire Respondents

Professional Titles	Frequency
Speech Therapist	16
Speech Correctionist	7
Speech Pathologist	4
Speech and Hearing Therapist	2
Speech and Hearing Clinician	1
Speech and Hearing Pathologist	1
Director of Speech and Hearing	1
Assistant Director of Speech and Hearing	1
Supervisor and Coordinator of Special Education	1
Supervisor of Speech Therapy and Special Education	1
Not recorded	5
Total	40

Speech and hearing personnel are relatively young, as shown in Table 3. Twenty-five are 30 years or younger, while only seven are over 40 years old.

TABLE 3

Age of Speech Clinicians Responding to State Survey

Age	Frequency
20 - 25	17
26 - 30	8
31 - 35	2
36 - 40	6
41 - 45	1
46 - 50	2
over 50	3
not recorded	1
Total	40

Number of Years Experience in Therapy

Table 4 indicates that the speech clinicians are also young in terms of experience. Experience ranged from one to fifteen years. Twenty-two of the respondents reported less than four years of experience; thirteen had one year or less of experience, while only ten clinicians reported seven or more years of experience.

TABLE 4

Number of Years Experience in Therapy

Years of Experience	Frequency
1 year	13
2 to 3 years	9
4 to 6 years	8
7 to 10 years	6
11 to 15 years	4
16 to 20 years	0
over 20 years	0
Total	40

Regular Classroom Teaching Experience

A majority of the speech and hearing clinicians have not been regular classroom teachers; however, fifteen clinicians indicated that they had been employed as classroom teachers in either elementary or secondary schools with classroom experience ranging from one month to 25 years.

TABLE 5

Number of Years Experience as a Regular Classroom Teacher

Years of Experience	Frequency
One Month	1
One Year	4
Two Years	1
Three Years	2
Four Years	1
Eight Years	1
Ten Years	1
Eleven Years	1
Twelve Years	1
Twenty Years	1
Twenty-five Years	1
Total	15

Desirability of Teacher Certification

Twenty-six of the respondents questioned indicated that they felt that a teacher's certificate was desirable, while thirteen responded negatively.

TABLE 6

Desirability of Teacher Certification

Desirable	Frequency
Yes	26
No	13
Not Recorded	1
Total	40

Extent of Training of Speech and Hearing Personnel

All respondents reported having bachelor's degrees, twenty reported having the master's degree with five reporting post master's work.

Bachelor's Degree with Major

Twenty-three reported receiving their bachelor's degree with a major in the Speech Correction field [Table 8], five also reported training in Audiology. There were ten who reported majors other than speech and hearing.

TABLE 7

Bachelor's Degree with Major

Major	Frequency
English, Speech, and Speech Correction	1
Special Education	1
Speech Pathology	4
Speech Therapy	5
Speech Correction	8
Speech	2
Speech and Hearing	3
Theatre and Speech	1
English and Speech	1
Speech Pathology and Audiology	1
Accounting	1
Home Economics and Speech and Hearing	1
Elementary Education	2
Home Economics	2
Not recorded	7
Total	40

University or College Awarding Bachelor's Degrees

Approximately half of the respondents received their training from Mississippi institutions: 10 received their bachelor's degrees from Mississippi State College for Women; eight, from the University of Southern Mississippi; two, from Mississippi College; and one from Jackson State College. Eleven respondents received the bachelor's degree from various other colleges across the nation.

TABLE 8

University or College Awarding Bachelor's Degrees

University or College	Frequency
Mississippi State College for Women	10
University of Southern Mississippi	8
Mississippi College	2
Jackson State College	1
Seattle Pacific	1
Southern University	1
Brescia College	1
University of Southern Louisiana	2
Texas Christian University	1
Oklahoma University	1
Michigan State University	1
Peabody College	1
University of Maryland	1
University of Wisconsin	1
Not recorded	8
Total	40

Master's Degree with Major

Twenty of the respondents reported having a master's degree, seventeen of the twenty received their degree in the area of Speech or Speech and Hearing; two reported a major in elementary education; and two majored in Special Education.

TABLE 9

Master's Degree with Major

Major	Frequency
Speech Correction	2
Speech Therapy	4
Speech Pathology	6
Speech	3
Speech Pathology and Audiology	1
Special Education	2
Elementary Education	2
Total	20

University or College Awarding Master's Degree

All but seven of the respondents received their master's degree from Mississippi institutions: six, from the University of Southern Mississippi; five, from Mississippi State College for Women; and one, from the University of Mississippi.

TABLE 10

University or College Awarding Master's Degree

University or College	Frequency
University of Southern Mississippi	6
Florida A & M University	1
Mississippi State College for Women	5
Peabody College	2
Louisiana State University	1
Mississippi State University	1
University of Mississippi	1
University of Alabama	1
Indiana University	1
Not recorded	1
Total	20

Most Valuable Supplementary Area of Training

The respondents considered psychology, special education and general speech as the most valuable supplementary areas of training.

TABLE 11

Most Valuable Supplementary Area of Training

Area	Frequency
Psychology	26
Special Education	13
General Speech	6
General Education	2
Language Disorder	1
Anthropology	1
Speech and Drama	1
Total	50*

*Since some of the clinicians designated more than one area as most valuable this total exceeded 40.

Membership in Professional Organizations

Mississippi clinicians are quite active in professional organizations. When questioned about membership in professional organizations, twenty-three respondents stated that they were members of the Mississippi Education Association. Of those who were members of special education professional organizations, four respondents reported membership in the Council for Exceptional Children; twenty-one, in the Mississippi State Speech and Hearing Association, and fourteen, in the American Speech and Hearing Association.

TABLE 12

Membership Reported in Professional Organizations

Organization	Frequency
State Education Association	23
National Education Association	1[illegible]
A State Speech and Hearing Association	22
American Speech and Hearing Association	14
Dept. Classroom Teacher Association	1
Meridian Teacher Association	2
Council for Exceptional Children	4
Mississippi Retarded Children	1
National Association of Hearing and Speech Agencies	1
Delta Kappa Gamma	1
Delta Alpha Kappa	1
Volta Bureau	1
American Association of University Women	1
Journal Group of the American Speech & Hearing Association	1
Mississippi Speech Association	1
Not recorded	4
Total	108

American Speech and Hearing Association Certification

Eleven of the speech clinicians stated that they held the Certificate of Clinical Competence in Speech Pathology from ASHA, and one reported an ASHA certification in Audiology.

TABLE 13

American Speech and Hearing Association Certification

ASHA Certification	Speech Pathology	Audiology
Yes	11	1
No	29	39
Totals	40	40

Types of Supervised Teaching During Training

As shown in Table 14, various types of supervised teaching were reported. Data indicate that all respondents had supervised experience in speech correction, but at least eight of them did not undergo supervised experience in the public school setting.

TABLE 14

Types of Supervised Teaching During Training

Supervised Teaching	Frequency
Regular Classroom Practice Teaching and Speech Clinic Practicum	4
Public School Speech Therapy and Speech Clinic Practicum	18
Speech Clinic Practicum	8
Public School Speech Therapy	4
Regular Classroom Practice, Public School Speech Therapy and Speech Clinic Practicum	3
Regular Classroom Practice and Public School Speech Therapy	3
Total	40

Plans for the Next Five Years

During the next five years, a majority of the respondents plan to continue as speech and hearing clinicians, or to return to school for graduate work.

TABLE 15

Plans for the Next Five Years

Plans	Frequency
Continue as a speech and hearing clinician	27
Return to school for graduate work	20
Secure another education position such as teaching, administration, etc.	1
Find position in Speech Clinic associated with University and/or Hospital	1
Quit teaching and devote time to home	2
Unknown	2
Other (not designated)	2
Total	55*

*Some respondents reported more than one plan such as continue as a speech and hearing clinician and return to school for graduate work.

Discussion

Judging from the large number of titles used, there seems to be a need at the state level to standardize the nomenclature to designate speech and hearing clinicians. The American Speech and Hearing Association presented this charge to a Committee of Terminology in January, 1964, and the following definitions were submitted for council approval and incorporated in the bylaws of ASHA, as revised January, 1965.[2]

[2]American Speech and Hearing Association, 11, Nov., 1965, p. 475.

Audiologist: specializes in diagnostic evaluation, habilitative and rehabilitative services and research related to hearing;

Speech Clinician: examines and provides remedial services for individuals with speech, voice, and language disorders.

Speech Pathologist: specializes in diagnosis, treatment, and research related to speech, voice, and language problems.

It is apparent that effort by the American Speech and Hearing Association to find a substitute for the term "therapist" has so far had little import on the public schools in Mississippi to effect a change in the title by which public school speech and hearing personnel are titled.

CHAPTER III

Clinical Practice: Screening and Diagnosis

This chapter will discuss diagnostic measures used by public school speech and hearing clinicians, utilization of other professional disciplines in the total evaluation of the child, methods of case selection, data on grade levels for mass hearing screenings, and other material pertinent to the identification and selection of children for diagnostics and/or remedial services.

Standardized Tests Used

As can be seen in Table 16, two areas most frequently evaluated by the speech and hearing clinician [other than audiometric testing] are articulatory proficiency and vocabulary knowledge. The two tests most frequently mentioned in these categories are the Templin-Darley Articulation Test and the Peabody Picture Vocabulary Test. It is the practice of many speech and hearing clinicians to devise their own phonetic inventories; therefore, the clinicians who did not indicate a specific articulation test were grouped under the category General Articulation Survey.

TABLE 16

Standardized Tests Used

Tests	Frequency
Templin Darley Tests of Articulation	11
Hejna Articulation Test	2
Bryngleson and Galaspy Articulation Test	1
The Deep Test of Articulation	1
Scott Foresman Speech Record	1
General Articulation Survey	5
Peabody Picture Vocabulary Test	18
Goodenough-Harris Draw-A-Man Test	2
Slosson Oral Intelligence Scale	1
Stanford-Binet Intelligence Test	1
Illinois Test of Psycholinguistic Abilities	1
Wepman Auditory Discrimination Test	2
Johnson Scale of Severity of Stuttering	1
Testing done by others	5
Not recorded	6

Person Responsible for Audiological Screening

The majority of audiological screening is performed by speech and hearing clinicians. It is interesting to note that two school systems reported no regular audiological screening program, and four are utilizing volunteers.

TABLE 17

Person Responsible for Audiological Screening

Screening Done By	Frequency
Nurse	2
Audiologist	2
Speech Therapist	32
University Students	1
Rehabilitation Center	2
Volunteers	4
Supervisor	1
No Standard Screening Program	2
Total	46*

*In some cases the screening is done by more than one person.

Person Responsible for Audiological Screening

Other than hearing screening, it was reported that the majority of differential audiological testing was done by speech clinicians, otolaryngologists, and by audiologists.

TABLE 18

Person Responsible for Audiological Testing

Testing Done By	Frequency
Audiologist	6
Otolarygnologist	8
General Physician	5
Speech Therapist	16
Health Department	2
Rehabilitation Center	2
College or University Speech and Hearing Center	5
Not recorded	4
Total	48*

*Some of the clinicians reported that the testing is performed by more than one person.

Grade Level of Audiological Screening

As shown in Table 19, audiological screening was accomplished most frequently at the first grade level. However, screening and referral was a common practice in grades one through six, and less frequent in the upper grades.

TABLE 19

Grade Level of Audiological Screening

Grade	Frequency Screened	By Referral
PS	1	1
K	0	3
1	21	3
2	15	4
3	15	5
4	11	5
5	14	5
6	11	6
7	6	7
8	3	7
9	4	7
10	2	7
11	2	7
12	2	7
Preschool and Special Education	1	–
Mental Retardation	1	–
Enrolled in therapy program	1	–
Not recorded (7)		

Location of Children with Disorders

The vast majority of the children with speech and hearing disorders are located by teacher referrals and by individual screening. In general, most respondents reported the use of more than one method for locating children with disorders.

TABLE 20

Location of Children with Disorders

Methods of Location	Frequency
Teacher Referral	36
Individual Screening	33
Class Visitations	8
Questionnaire or Inventory	2
Parent and Doctor Referrals	2
Not recorded	1
Total	82*

*Most clinicians reported more than one method for locating children with disorders.

Availability of Tests and Records to Therapists

In most cases, the student files of tests and records are routinely available to the speech and hearing clinician as shown in Table 21.

TABLE 21

Availability of Tests and Records to Therapists

Availability of Tests	Vision Tests	Intelligence Tests	Achievement Tests	Health Records	Cumulative Records
Routinely	24	27	29	28	33
Only in Special Cases	4	7	4	6	3
Not at All	3	0	0	0	0
Not recorded	9	6	7	6	4
Totals	40	40	40	40	40

Frequency of Referrals

According to Table 22, speech clinicians occasionally refer students to outside agencies for clarification of diagnosis or further evaluation. The medical profession, psychological services, the university speech and hearing clinic and rehabilitation centers are examples of such agencies. The most frequent need for follow up is reported to be in the medical and psychological areas.

TABLE 22

Frequency of Referrals

Referrals Made	Univ. Sp. and Hear. Clinic	Rehabilitation Agencies	Medical Profession	Psychological Services
Frequently	3	1	7	7
Occasionally	20	16	29	24
Never	11	11	2	4
Not recorded	6	12	2	5
Totals	40	40	40	40

Medical Referrals for Hearing Loss

The majority of the respondents stated that medical referrals were made when either moderate or severe loss was discovered. Occasionally, referrals were made when the child failed the audiometric screening or when a mild loss was discovered.

TABLE 23

Medical Referrals for Hearing Loss

Referred	Frequency
Fails Audiometric Screening	14
Displays Mild Loss	13
Displays Moderate Loss	23
Displays Severe Loss	23
No Medical Referrals are made	2
If Recommended by College Testing Center	2
Not Recorded	2

Approval of Admission to Program

The data in Table 24 show that parent's permission is usually required in order that a child be admitted to the therapy program. In some cases approval is given by the principal; in other cases, by the speech clinician.

Ten respondents reported that the principal must approve, while another ten stated that only the speech clinician must approve. Five reported that a screening committee was responsible for admission to the therapy program.

TABLE 24

Approval of Admission to Program

Approved by	Frequency
Parent	22
Physician	0
Principal	10
Supervisor	2
Speech Therapist	10
Screening Committee	5
Teacher	2
Special Education Supervisor	1
Special Service Coordinator	1
Not Recorded	2
Total	45*

*At times approval must be obtained from more than one person.

Who Influences Scheduling

The classroom teacher appears to wield the most influence in the time scheduling of children for services.

TABLE 25

Who Influences Scheduling

Scheduling Influenced	Classroom Teacher	Principal	Superintendent
Greatly	15	1	0
Moderately	15	6	0
Little or None	7	19	23
Not Recorded	3	14	17
Totals	40	40	40

Discussion

It is evident that there are many types of standardized and non-standardized tests used by respondents. Intelligence as well as speech and audiological tests were administered by clinicians. It suggests a need for more consistent and precise methods of examination of speech disorders and a careful examination of current procedures to determine whether they are suitable and adequate.

It is evident that the majority of children with speech and hearing disorders are located by teacher referrals and individual screening by the speech and hearing clinician. When the speech and hearing clinician employs the referral method, teacher cooperation is important. It is also necessary to educate the teacher as to speech disorders.

Since the speech and hearing clinician frequently does hearing screening, it is vital that the clinician have a basic knowledge of audiology in order to properly test, and to know when to refer. It is generally recommended that the services of an audiologist or otologist be secured for children for whom screening has suggested a hearing impairment.

The classroom teacher is reported by the respondents as either greatly or moderately influencing when a child may be scheduled for therapy. Therapy sessions may be scheduled around art, music, physical education, assembly programs, and other activities. Therefore, the success of a speech and hearing program depends upon the understanding and cooperation that exists between the clinician and other school personnel, especially in the area of scheduling therapy.

It was revealed that clinicians failed to make referrals or made them only occasionally to outside agencies or specialists. Perhaps they consider themselves adequate without consultation (with the exception of some cases that demand medical attention); they may be fearful of consultation with other specialists; they may lack time or knowledge of consultative or follow-up procedures.

CHAPTER IV

Clinical Practice: Classification and Distribution of Disorders

The topics discussed in this chapter include the number of schools in which therapy is provided, grade level of caseload, number of therapy students in each grade, caseload distribution, and classification of students as to types of disorders.

Classification of Students

The majority of students who are receiving speech therapy have articulation problems. As seen in Table 26, 2293 children are reported to be receiving articulation therapy, 138 are receiving therapy for stuttering, 48 for voice problems, 55 for hearing impairments, 19 cerebral palsy, 65 delayed speech, 120 mental retardation, 16 cleft palate, 2 brain injury or damage, 13 tongue thrusting, 5 language and 2 articulation therapy to compensate for open bite.

TABLE 26

Types of Disorders

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
Art	39	58	45	35	60	83	36	45	55	109	68	63	79	37	73	106	60	56	73	44	31	102	78	62	62	113	26		NR	68	53	49	65	NR	51	36	70	80	52	71
St	2			5	8	2		1	20		1				9	2	12		9	4	3	3	4		2	2	3		NR	4		2	4	NR	24	2	1	2	3	4
V							1	5					1		4			2	2	20		2	1	1		1			NR	1	3	1	2	NR			1			
HH	3			1	6		1	1	1	6					3		3	2	2	7		2	1		1		1		NR	2	2	5		NR				1	2	
CP	5			1	2	1		1	1						2		1		2			1							NR					NR		1		1		
DS	5			8			5			7					1		2			6		2	9						NR		7	2		NR		1		10	1	
MR	13	8		6				2		4					3			4	7		2	2				3		2	56	NR		2	16	4	NR						6
Cl P	1			1					2	1	1				1		3	3									1	1		NR					NR						1
BI																		1										1		NR					NR						
TT																		2												NR		8			NR			3			
L																		3												NR					NR			2			
OB																		2																							

Key & Totals:

Art-Articulation 2293
St-Stutterers 138
V-Voice 48
HH-Hard-of-Hearing 55
CP-Cerebral Palsy 19
DS-Delayed Speech 65

MR-Mental Retardation 120
Cl P-Cleft Palate 16
BI-Brain Injury or Damage 2
TT-Tongue Thruster 13
L-Language 5
OB-Open Bite 2

*Caseload from one of five schools

Grade Level of Caseload

Responses indicate that the majority of therapy is accomplished with students between grades one and six. Only two respondents report cases in the twelfth grade. Some work is also being done in Special Education, Pre-School and Kindergarten; however, only a relatively few students are involved. As seen in Table 27, only a few clinicians work at the high school level.

TABLE 27

Grade Level of Caseload

Grade	Frequency
Special Education	7
Pre-School	2
Kindergarten	5
First Grade	38
Second Grade	39
Third Grade	38
Fourth Grade	36
Fifth Grade	32
Sixth Grade	32
Seventh Grade	15
Eighth Grade	8
Ninth Grade	3
Tenth Grade	2
Eleventh Grade	2
Twelfth Grade	2

Number of Therapy Students in Each Grade

Even more significant than the grade level of the clinicians' caseload is the actual number of students involved in their program by grade; a total of 391 students were reported in the first grade, 290 in the second grade, 186 in the third grade, 129 in the fourth grade, 112 in the fifth grade, 82 in the sixth grade, 36 in the seventh grade, and only 13 in the eighth grade. No students were reported in the ninth, tenth, eleventh, or twelfth grade by these clinicians. Only one student was reported in kindergarten. It would appear that the first two grades are where the speech correction work is concentrated most heavily.

Twenty-three clinicians did not include the number of therapy students in each grade; therefore, those were not reported in Table 28.

TABLE 28

Number of Therapy Students in Each Grade

	Clinicians																	
Grade	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
Sp Ed		4					5				8		4			5		26
Pre Sch													1					1
Kdg										1								1
First	5	7	27	60	34	36	18	11	15	25	2		49	20	26	56	31	422
Second	14	21	13	11	20	17	12	10	30	30	9	31	25	7	15	25	25	315
Third	10	16	10	4	20	11	25	8	15	15	3	6	19	5	10	9	8	193
Fourth	10	11	5		18	8	12	3	8	10	7	3	13	4	8	9	6	135
Fifth	12	19	7		15	9	18	2	4		11	1	9	1	10	3	6	118
Sixth	12	12	7		10	10	7	1	4	2	2	5	5		5	1	7	89
Seventh	8		6		2		12				1	4			3			36
Eighth	4					1						5	2		1			13
Ninth																		0
Tenth																		0
Eleventh																		0
Twelfth																		0

Discussion

There is a concentration of services at the primary grade levels and the vast majority of pupils in the caseload are receiving attention because of their articulation. However, the variety of practice observed attest to the fact that the clinicians are not in agreement as to what grade levels speech correction should be concentrated.

Articulation problems of young children predominate, and there may be a question as to whether the trained clinician is putting his special skills to work where they are most needed. Is there adequate discrimination being made between speech problems and maturational misarticulation? The clinician may be devoting his trained efforts to children who might more effectively be served by well-guided classroom teachers. A child may be harmed by labeling him with a speech defect and particularly if it is predominantly a racial or maturational characteristic.

CHAPTER V

Clinical Practice: Remedial Procedures

Discussed in this chapter are duties of the speech clinician regarding: average number of hours per week spent in therapy, in conference, in writing reports, traveling, preparing lessons; teaching techniques; frequency of parent counseling; and other teaching techniques.

Classroom Duties

Therapy for speech problems was the major duty according to thirty-six respondents. Therapy for the hard of hearing is a regular duty for nine respondents. Some of the other duties of clinicians are speech improvement, language development, speech screening, hearing screening, parent-teacher guidance, and diagnostics.

TABLE 29

Duties

Duties	Regularly	Occasionally	Never	Not Recorded	Totals
Speech Therapy	38	0	0	2	40
Hearing Therapy	9	11	4	16	40
Hearing Testing	16	14	1	9	40
Write-ins					
Hearing Screening	1	1			2
Speech Screening	1				1
Language Development	1				1
Diagonistics				1	1
Parent-Teacher Guidance	1				1
Speech Improvement	1			1	
In the Classroom					
Addressing PTA		1			1

Average Number of Hours Spent in Therapy

A majority of the responses indicate that the clinicians' time is spent in therapy; twenty-six reported that they spent between 24 and 30 hours; ten clinicians spent an average of 30 hours weekly. One clinician reported that she spent 38 hours a week in therapy. Clinicians who spent from nine to sixteen hours had other duties such as supervision and language disorders classes.

TABLE 30

Average Number of Hours Per Week Spent in Therapy

Hours	Frequency
Thirty-eight hours	1
Thirty-two to thirty-three hours	2
Thirty hours	10
Twenty-seven to twenty-eight	7
Twenty-four to twenty-five hours	8
Twenty hours	1
Fifteen to sixteen hours	3
Twelve to Fourteen hours	2
Nine to Eleven hours	2*
Not Recorded	4
Total	40

*One clinician works part time as speech clinician.

Average Number of Hours Spent in Conference

As seen in Table 31, there is a wide range in the amount of time spent in conference. One respondent reported seven hours weekly, while 12 reported one hour or less. Another eight clinicians reported three to four hours.

TABLE 31

Average Number of Weekly Hours Spent in Conference

Hours	Frequency
Less than one hour	3
One hour	9
Over one hour and less than two	3
Two hours	10
Three hours	6
Four hours	2
Seven hours	1
Not recorded	6
Total	40

Average Number of Hours Spent in Writing Reports

One to five hours a week were reported spent writing reports by clinicians. As seen in Table 32, the most common response given was two hours.

TABLE 32

Average Number of Hours Spent Writing Reports

Hours	Frequency
One hour	3
Two hours	15
Three hours	8
Four hours	3
Five hours	3
Not recorded	8
Total	40

Average Number of Hours Spent Traveling

Twenty clinicians reported that they spent two hours or less in traveling time weekly, as seen in Table 33; however, three clinicians spent three hours, and another eight stated that they spent five hours or more traveling.

TABLE 33

Average Number of Hours Spent Traveling

Hours	Frequency
Less than one hour	5
One hour and less than two	5
Two hours	10
Three hours	3
Five to six hours	5
Seven to eight	3
Not recorded	9
Total	40

Average Number of Hours Spent Preparing Lessons

There was a vast difference in the amount of time clinicians spent preparing lesson plans. This may be accounted for by a difference of opinion as to the meaning of "lesson plans." As shown in Table 34, the range is from no time spent on lesson plans per week to fifteen hours per week.

TABLE 34

Average Number of Hours Per Week Spent Preparing Lessons

Hours	Frequency
Less than one hour	1
One hour and less than two	3
Two hours	5
Over two to four hours	9
Five hours	11
Five to eight hours	1
Ten hours	1
Fifteen hours	1
Not recorded	7
None	1
Total	40

Some of the other activities reported by the speech and hearing specialists as demanding their time are diagnostics, gathering and evaluating case histories, language teaching, hearing screening, and supervising other therapists.

Teaching Techniques

Auditory training and mirror observation were the teaching techniques reported most often by the respondents. Phonetic placement was another frequently used technique.

TABLE 35

Teaching Techniques

Techniques	Often	Sometimes	Not Recorded	Totals
Auditory Discrimination Training	38	1	1	40
Ear Training	37	0	3	40
Parent Counseling	12	25	3	40
Mirror Observations and Practice	27	11	2	40

Frequency of Parent Counseling

Table 36 shows a distribution of parent counseling according to clinicians' case loads.

TABLE 36

Frequency of Parent Counseling

Counseled	Articulation	Stuttering	Delayed Speech	Hard-of-Hearing	Organic Problems
Often	9	21	13	15	9
Sometimes	21	15	13	19	17
Never	1	0	1	1	1
Not Recorded	1	4	13	7	13
Totals	40	40	40	40	40

Other Teaching Techniques

As may be seen in Table 37, numerous other techniques are reported to be used by the respondents.

TABLE 37

Other Teaching Techniques

Techniques	Frequency
Special Education Techniques	1
Tactical Stimulation	1
Language Development	3
Phonetic Placement	10
Approximation	1
Sentence Construction	1
Lipreading	2
Imitation and Repetition	1
Games and Drills	5
Free Conversation	2
Lip and Tongue Exercises	3
Play Therapy	1
Tape Recordings	2
Negative Practice	1

Results indicate that respondents used auditory discrimination training, ear training, and mirror observations in practice more often than other teaching techniques. Research studies, tradition and training which the respondents have received are some of the factors that may influence the choice of remedial procedures used by clinicians. However, it is possible that clinicians use a limited number of procedures because they have not had adequate preparation in the use of many approaches.

Clinicians reported other teaching techniques such as "play therapy." Because of ambiguities of terminology, a precise understanding of how clinicians are using such procedures remain nebulous.

Discussion

The extent of report writing, lesson planning, conference with parents vary widely. It appears that some standard program management practices might prove valuable. For example, efficient management probably implies some minimum amount of essential information communicated between key personnel.

CHAPTER VI

Supervision of Speech and Hearing Programs

Clinicians responses to such items as the person responsible for the program, number of observations made by supervisors, professional assistance, types of reports submitted, types of records kept, and clinicians evaluation of conditions for therapy will be discussed in this chapter.

Person Responsible for the Program

Clinicians reported that they were directly responsible to a variety of persons at various levels for the conduction of their therapy program as seen in Table 38. Among those most often cited were superintendent, principal and special education supervisor.

TABLE 38

Person Responsible for the Program

Responsible Person	Frequency
Superintendent	8
Assistant Superintendent	2
Special Education Supervisor	11
Principal	9
Supervisor of Speech and Hearing Services	5
Title I Coordinator	3
Elementary Coordinator and Supervisor	3
Title VI Coordinator of the Regional Rehabilitation Center	4
Special Service Coordinator	1
Cerebral Palsy Board	1
Total	47*

*Some of the therapists are responsible to more than one person.

Number of Observations Made by Supervisor

As seen in Table 39, only one of the respondents reported that she was observed and evaluated weekly by her supervisor, while 23 stated that they were never observed.

TABLE 39

Number of Observations Made by Supervisor

Times Observed	Frequency
Weekly	1
At Least Monthly	2
At Least Four Times A Year	2
At Least One to Three Times a Year	10
Never	24
Not recorded	1
Total	40

Professional Assistance

The respondents reported that they received more professional assistance within the school from the classroom teacher than any other individual.

TABLE 40

Professional Assistance within the School

Assisted By	Frequency
Nurse	7
Guidance person	2
Classroom Teacher	24
Principal	13
Supervisor	1
None	5
Not Recorded	2
Total	54*

*Some therapists receive assistance from more than one person.

Types of Reports Submitted

A majority of the speech and hearing clinicians indicated that they must prepare and submit results of speech testing, results of hearing testing, and therapy progress reports. Other reports that some clinicians are required to submit are state forms, annual and/or semester reports, case histories, statistical reports, lesson plans, medical reports, and psychological reports.

TABLE 41

Types of Reports Submitted

Reports Submitted	Frequency
Results of speech testing	35
Results of hearing testing	30
Therapy progress reports	33
Lesson plans	1
Medical reports	1
Annual and/or semester reports	5
Psychological reports	1
State forms	3
Case histories	2
Statistical reports	3
Not Recorded	1

Types of Records

As seen in Table 42, most of the respondents keep records of progress, phonetic improvement, and case histories for each student in their program.

TABLE 42

Types of Records Kept for Each Student

Records	Frequency
Case Histories	23
Phonetic Improvement	28
Progess Reports	31
Audiometric Reports	5
Diagnostic Reports	4
Daily Logs	5
Consultation Reports	1
Record of Improvement or Regression	1
Therapy Plans	2

Therapists' Evaluation of Conditions

A majority of the respondents reported that their working conditions were either excellent or adequate. Twenty of the respondents reported that the therapy rooms were adequate, while 14 reported them to be wanting; only four reported that they were excellent. Supplies, equipment, and salaries were considered excellent or adequate by a majority of the clinicians.

TABLE 43

Therapists' Evaluation of Conditions

Evaluation	Therapy Rooms	Supplies	Equipment	Salary	Supervision
Excellent	4	13	17	9	5
Adequate	20	19	13	18	17
Wanting	15	7	9	11	14
Not Recorded	1	1	1	2	4
Totals	40	40	40	40	40

Discussion

The respondents interpretation of the word "responsible" varied from the person to whom the specialist was immediately responsible to the superintendent. An effective speech and hearing program results when joint responsibility is shared with the superintendent, principal, teachers, parents, and therapist.

Examination of the data shows that a variety of persons supervise public school speech and hearing programs in Mississippi. A majority of the clinicians reported that they were never observed by a supervisor.

It is anticipated that a new role of the speech and hearing clinician will emphasize work with the more severely communicatively handicapped child including those with language impairment. The speech and hearing clinician would then work more with classroom teachers to correlate speech therapy and language development by helping teachers in the following ways: recognition of speech and language disorders,

understanding the concept of therapy with communicative disorders, keeping informed of activities in therapy sessions, suggesting ways by which the treatment program can be carried over to classroom situations, and assisting in the integration of speech and language objectives in regular classroom teaching, and finally, acting as a consultant for speech improvement.

46

CHAPTER VII

Speech Improvement

Questionnaire items to be discussed in this chapter include speech improvement programs by clinicians.

Speech Improvement Programs

Of the 40 respondents who completed this item, 32 indicated that speech improvement was not included in their therapy programs.

TABLE 44

Speech Improvement Programs

Speech Improvement	Frequency
Yes	7
No	32
Not Recorded	1
Total	40

Arrangement of Improvement Programs

The data in Table 45 show the arrangement of the speech improvement programs within the therapy programs of those clinicians who reported this activity.

The speech improvement program was reported to be part of the speech and hearing program by four respondents, and a part of the language arts program by two respondents, and used in a high school by one respondent.

TABLE 45

Arrangement of Speech Improvement Program

Arrangement	Frequency
Part of the Speech and Hearing Program	4
Part of the Language Arts Program	2
For the High School	1
Total	7

Discussion

Parents and school personnel are becoming increasingly aware of the need for all children to develop the ability to communicate their ideas effectively in acceptable speech. Many children with minor speech problems may be improved through instruction in the classroom if the teachers received guidance from the speech clinician.

The Mississippi State Department of Education distinguishes between speech improvement and speech therapy as follows:

> Speech improvement is concerned with the modification of deviations within a range of normal speech. It is the systematic instruction in oral communication for the purpose of developing articulation, voice, language abilities, and listening skills that enable all children to receive and communicate ideas effectively. Speech improvement is concerned with such skills as pronunciation poise, projection and inflection. The speech activities through which these skills are applied and strengthened include formal talks, and reporting relating to various interests and subject areas, oral reading and phonics as a part of reading, choral speaking, creative dramatics, and storytelling. These activities are the responsibility of the classroom teacher and take place in the classroom. The therapist may act as a consultant to this program by providing the

classroom teacher with suggestions regarding planning, activity, and material.[4]

Presently there seems to be no agreement as to what field best prepares a person for teaching speech improvement. However, it is generally agreed that regular curriculum experiences should be provided to permit all children to develop the best speech, voice, and language patterns of which they are capable, correct minor speech and voice difficulties, and express their ideas clearly and effectively. Further, it is generally accepted that all classroom teachers should be teachers of speech improvement.

---

[4]*Speech Improvement,* State of Mississippi Department of Education, Special Education Division, July, 1969.

CHAPTER VIII

Summary

The purpose of this study was to describe some current practices and trends in Mississippi's public school speech and hearing programs. The investigation was made by ascertaining information on the following aspects of the speech and hearing clinician and his work: professional title and relationships, screening and diagnosis, classification and distribution of disorders, remedial procedures, supervision, and speech improvement. The study was concerned with public school clinicians who were certified by the Teacher Certification Division of the Mississippi State Department of Education and employed by a public school district during the 1969-70 school year.

A questionnaire (see Appendix B) was designed and forwarded to 49 speech and hearing clinicians employed in Mississippi public schools. Forty clinicians completed their questionnaires and their responses served as the source of the data for the study.

Information concerning aspects of the speech and hearing clinicians' work were summarized and reported in the preceding seven chapters. The writers have presented the data with convictions about the limitations which should be applied to conclusion-drawing from this type of study. Consequently, the results were reported with an effort to let the reader draw conclusions for himself; therefore, the report will end without apology.

The goal of effective professional help for every speech and hearing impaired child in Mississippi is obviously far from a reality. The following lines seem appropriate for the final conclusion of this report:

> The Woods are lovely, dark and deep;
> But I have promises to keep
> And miles to go before I sleep
> And miles to go before I sleep.[5]

[5]"Stopping by Woods on a Snowy Evening," *Complete Poems of Robert Frost,* Holt, Rinehart and Winston, Inc., 1951.

APPENDIX A

Copy of letter sent to Public School Speech and Hearing Personnel in Mississippi.

THE UNIVERSITY OF MISSISSIPPI
SCHOOL OF EDUCATION
UNIVERSITY, MISSISSIPPI 38677

Dear

The University of Mississippi and the Special Education Services Center are conducting a study concerning Public School Speech and Hearing Services. The purpose of the study is to investigate the present status of Speech Pathology and Audiology Services in the State of Mississippi.

You are one of a number of persons whom we have selected to provide information concerning the present practices in Public School Speech and Hearing Programs. We sincerely hope that it will be convenient for you to fill out the enclosed questionnaire. The information obtained from this questionnaire will not be identified with the respondent and respondents' replies will be kept in the strictest confidence, with complete anonymity guaranteed.

We would sincerely appreciate your assistance.

Very truly yours,

James W. Mann, Chairman
Special Education Department
University of Mississippi

June May, Assistant Professor
Division of Communicative Disorders
University of Mississippi

JWM:JM/bl

Enclosures

APPENDIX B

Questionnaire completed by Public School Speech and Hearing Personnel

QUESTIONNAIRE FOR PUBLIC SCHOOL SPEECH AND HEARING PERSONNEL

Survey of Public School Speech and Hearing Services

1. Name: _____ Address: _____

2. Age: 20-25 _____ 31-35 _____ 40-45 _____ over 50 _____
   26-30 _____ 36-40 _____ 46-50 _____

3. Your Title: _____

4. How many years have you been a speech and hearing specialist?

   _____ 1st Year
   _____ 2 or 3 Years
   _____ 4-6 Years
   _____ 7-10 Years
   _____ 11-15 Years
   _____ 16-20 Years
   _____ Over 20 Years

5. Extent of Training:

   Bachelor's Degree _____ Major _____ Coll. or Univ. _____
   Master's Degree _____ Major _____ Coll. or Univ. _____
   Master's Degree plus Grad. work: _____ Major: _____
   Coll. or Univ. _____

6. Please indicate your membership in professional organizations:

   _____ State Education Association
   _____ National Education Association
   _____ Council for Exceptional Children
   _____ State Speech and Hearing Association
   _____ American Speech and Hearing Association
   _____ Other _____

7. Do you hold ASHA Certification:

YES	NO	
_____	_____	ASHA Speech Pathology
_____	_____	ASHA Audiology

8. Supervised Teaching During Your Training: Indicate which of the following were included in your training:

_____ Regular Classroom practice teaching
_____ Public School Speech Therapy
_____ Speech Clinic practicum
_____ None
_____ Other _____

9. To whom are you directly responsible for the conduct of your program:

_____ Superintendent
_____ Principal
_____ Sp. Ed. Supervisor
_____ Supervisor of Speech & Hearing Services
_____ Other _____

10. How often does your immediate supervisor observe and evaluate your therapy sessions?

_____ Weekly
_____ At Least Monthly
_____ At Least Four Times a Year
_____ At Least One to Three Times a Year
_____ Never

11. What single area of training, besides speech and hearing, has been of most value to you:

_____ Special Education
_____ Psychology
_____ General Education
_____ General Speech
_____ Other _____

12. Have you ever been employed as a regular classroom teacher:

_____ Yes If yes, number of years employed _____
_____ No

13. How do you locate the children with speech and hearing disorders:

_____ Class Visitation
_____ Teacher Referral
_____ Individual Screening
_____ Questionnaire or Inventory
_____ Other _____

14. Do you have available or access to the following tests and reports in the students files:

Routinely	Only in Special Cases	Not at all	
_____	_____	_____	Vision tests
_____	_____	_____	Intelligence tests
_____	_____	_____	Achievement tests
_____	_____	_____	Health records
_____	_____	_____	Cumulative records

15. Who does the audiological screening:

_____ Nurse
_____ Volunteer
_____ Audiologist
_____ Other _____

16. Who does the audiological testing?

_____ Audiologist
_____ Otolaryngologist
_____ General Physician
_____ Other _____

At what grade levels is audiological screening done?_____

17. Are medical referrals for hearing loss made for children who:

_____ Fail Audiometric Screening
_____ Display Mild Loss
_____ Display Moderate Loss
_____ Display Severe Loss
_____ No Medical referrals are made

18. What is the grade level distribution of your cases:

_____ K	_____ 4	_____ 8	_____ 12
_____ 1	_____ 5	_____ 9	
_____ 2	_____ 6	_____ 10	
_____ 3	_____ 7	_____ 11	

19. How many students do you now have in each of the following classification:

_____ Articulation
_____ Stutterers
_____ Voice
_____ Hard-of-hearing
_____ Cerebral Palsy
_____ Delayed Speech
_____ Mental Retardation
_____ Other _____

20. Who influences the scheduling of children in therapy:

	Greatly	Moderately	Little or None
Classroom Teacher	_____	_____	_____
Principal	_____	_____	_____
Superintendent	_____	_____	_____

21. Who must approve the admission of a child into your therapy program:

_____ Parent
_____ Physician
_____ Principal
_____ Other _____

22. What types of reports do you submit:

_____ Results of speech testing
_____ Results of hearing testing
_____ Therapy progress reports
_____ Other _____

23. With what frequency do you recommend referrals to the following:

	Frequently	Occasionally	Never
College or Univ. Speech and Hearing Clinic	_____	_____	_____
Rehabilitation Agencies	_____	_____	_____
Medical Profession	_____	_____	_____
Psychological Services	_____	_____	_____

24. What is the average number of hours you spend each week in each of the following:

NO. of HOURS

_____ Therapy
_____ Conferences
_____ Writing Reports
_____ Traveling
_____ Preparing Lessons
_____ Other _____

25. How would you evaluate each of the following:

	Excellent	Adequate	Wanting
Therapy Rooms	_____	_____	_____
Supplies	_____	_____	_____
Equipment	_____	_____	_____
Salary	_____	_____	_____
Supervision	_____	_____	_____

26. Is there a speech improvement program in your system?

_____ Yes _____ No

If yes, is it:

_____ Part of the speech and hearing program
_____ Part of the language arts program
_____ Other _____

27. What are the names of the Standardized Tests that you administer?

_____

_____

_____

28. From whom do you receive the most professional assistance within the school?

_____ Nurse
_____ Guidance person
_____ Classroom teacher
_____ Principal
_____ Other _____

29. What are your plans for the next five years?

_____ Continue as a public school speech and hearing therapist
_____ Return to school for graduate work
_____ Secure another education position such as teaching, administration, etc.
_____ Other _____

30. What is the frequency with which parent counseling is used in the treatment of the following disorders?

	Often	Sometimes	Never
Articulation	_____	_____	_____
Stuttering	_____	_____	_____
Delayed Speech	_____	_____	_____
Hard of Hearing	_____	_____	_____
Organic Problems	_____	_____	_____

31. Do you feel it is desirable for the speech therapist to have a teacher's certificate?

_____ Yes _____ No

32. What is the distribution of your weekly caseload:

Individual	Group	
_____	_____	Total number of children seen each week
_____	_____	Number of sessions per week
_____	_____	Average size of groups

33. How many of the following types of schools do you serve?

_____ Elementary
_____ Junior High
_____ Senior High

34. What type of records do you keep for each of your students?

_____ Case History
_____ Phonetic Improvement
_____ Weekly or monthly Progress Report
_____ Other _____

35. Do you ever engage in private practice?

_____ Yes _____ No

36. What are your duties?

Regularly	Occasionally	Never	
_____	_____	_____	Speech therapy
_____	_____	_____	Hearing therapy
_____	_____	_____	Hearing testing
_____	_____	_____	Other _____
_____	_____	_____	Other _____

37. What teaching techniques do you use?

Often	Sometimes	
_____	_____	Auditory Discrimination Training
_____	_____	Ear Training
_____	_____	Parent Counseling
_____	_____	Mirror Observations and Practice
_____	_____	Other _____
_____	_____	Other _____
_____	_____	Other _____
_____	_____	Other _____